

Reselved & inspected

JUN 2 5 2014

FCC Mail Room

REDACTED FOR PUBLIC INSPECTON

June 23, 2014

BY HAND

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street. SW Room TW-A325 Washington, DC 20554

Re: WC Docket No. 10-90: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is the Form 481 Annual Reporting Requirements and Certifications for Ace Telephone Company of Michigan, Inc., whose Study Area Codes are 310704, 310777, 310669 and 310692. Ace Telephone Company of Michigan, Inc. is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. This filing contains public information.

A separate "trade secret" filing pursuant to 47 C.F.R. §0.459 - Requests that materials or information submitted to the Commission be withheld from public inspection was also made.

Should you have any questions, please contact me via e-mail at csweet@acecomgroup.com or by phone at 507/896-6211.

Sincerely,

Controller

Enclosures

No. of Copies rec'd 0+| List ABCDE

FCC Fo	rm 481 - Carrier Annual Reporting Data Collection Form		OMB Control No. 3(July 2013	60-0986/OMB Control	No. 3060-0819
<010>	Study Area Code	310704		Pessi	und & loom a steet
<015>	Study Area Name	ACE TEL OF MICHIGAN	٧	110001	ved & inspected
<020>	Program Year	2015			
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet		Jl	JN 25 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.	*****	FCC	Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	coweet@acecomgroup.	com		
		Caretonia de Lacia	ADELERANDE DES ESCHERE	54.313	54.422
ANNUA	AL REPORTING FOR ALL CARRIERS			Completion Required	Completion Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box wh	en complete)
<200>	Outage Reporting (voice)		(complete attached worksheet)	1	/
<210>	✓ < check box if no	outages to report		1	111111
<300>	Unfulfilled Service Requests (voice) 0				A. A. A. A. A. A. A.
<310>	Detail on Attempts (voice)				MALL
			(attach descriptive	document)	
-220-	Unfulfilled Service Requests (broadband)			1	11111
<320>	Unfulfilled Service Requests (broadband)			,	4
<330>	Detail on Attempts (broadband)		(attach descriptiv		111111
<400> <410>	Number of Complaints per 1,000 customers (voice) Fixed 0.0				
<420>	Mobile			_	/
<430>	Number of Complaints per 1,000 customers (broad)	pand)		_	188881
<440> <450>	Fixed 0.0 Mobile 0.0				
<500>	Service Quality Standards & Consumer Protection Re	ules Compliance	(check to indicate certification)	1	1
000000	310704MI510.pdf				
<510>			(attoched descriptive document)		/
<600>	Functionality in Emergency Situations		[(check to indicate certification)	1	/
	310704MI610.pdf		nes ves ve		
			(attached descriptive document)	1	1
<610>			1		
<700>	Company Price Offerings (voice)		(complete attached worksheet)	1	111111
<710>	Company Price Offerings (broadband)		(complete attached worksheet)		IIIII.
	Operating Companies and Affiliates		(complete attached worksheet)		eries.
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	(if ye	es, complete attached worksheet; (check to Indicate certification)	7	
1000	310704HI1010.pdf		Cinex to more temprousing	E.	
<1010>			(attach descriptive document)	-	um
<1100>	Terrestrial Backhaul (Y/N)?	(if i	not, check to indicate certification)		11/1/1/
<1110>	Towns and Condition Control		(complete attached worksheet)	-	MILL.
	Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional D	ocumentation Works	(complete attached worksheet)	411111.	
,	Including Rate-of-Return Carriers affiliated with Price				
<2000>	moduling note by neturn corners approach with Price	c oup total extrange	(check to indicate certification)		HILL
<2005>			(complete attached worksheet)		
<3000>	Rate of Return Carriers, Proceed to ROR Additional D	Ocumentation Works	heet (check to indicate certification)		THE STATE OF THE S
<3005>			(complete attached worksheet)	1	Till I

	rvice Quality Improvement Reporting liection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310704	
<015>	Study Area Name	ACE TEL OF MICHIGAN	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 #xt.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acscomgroup.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your cCETC which only receives frozen support, your progress report is only required to address voice telephony service.	310704XX112.pdf ompany is a	
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)
Data Collection Form

<220>

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e>></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

ALC: STEEL ST	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310704	
<015>	Study Area Name	ACE TEL OF MICHIGAM	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	C6West3acecomgroup.com	
<701>	Residential Local Service Charge Effective Date	ceweetJacecomgroup.com	
<702>	Single State-wide Residential Local Service Charge	1	

	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fed
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-									
-									
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H			 	- Allen on Allenda					
					- See a	ttached worksheet			
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ace tel of michigan
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			See attac	hed				
			worksheet -					
				-				

ata Col	erating Companies lection Form				FCC Form 481 OM8 Control No. 3060-0986/OMB Control No. 3060-081 July 2013
<010>	Study Area Code		310704		
<015>	Study Area Name		ACE TEL OF MICHIGAN		
<020>	Program Year		2015	VAN SEEDS IN SEEDS AND SEEDS AND SEEDS	
<030>	Contact Name - Person	USAC should contact regarding this data	Cynthia Sweet		
<035>		nber - Number of person identified in data line <030>	5078966211 ext.		
<039>		Email Address of person identified in data line <030>	csweet@acecomgroup.com		
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc			
<811>	Holding Company	Ace Telephone Association			
<812>	Operating Company	Ace Telephone Company of Michigan, Inc.			
<813>		41 >	<92	· est vacas	************************************
		Affiliates	SAC		Doing Business As Company or Brand Designation
			See attached w	orksheet	
			See attached w	orksheet	
			See attached w	orksheet	
			See attached w	orksheet	
			See attached w	orksheet	
			See attached w	orksheet	
			See attached w	orksheet	
			See attached w	orksheet	
			See attached w	orksheet	

	oal Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <039> <910>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		Name of Attached Document
to confi demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes arm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	Select (Yes,No, NA)	

	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310704	
<015>	Study Area Name	ACE TEL OF MICHIGAN	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB July 2013	Control No. 3060-0819
<010>	Study Area Code	310704	
<015>	Study Area Name	ACE TEL DE MICHIGAN	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	10704MI1200.pd2	
<1220>	Link to Public Website HTTP	Name of Attached Document	
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, obsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		*
<1223>	Additional charges for toll calls, and rates for each such plan.		

2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481			
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819			
ncluding	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013			
<010>	Study Area Code	310704				
<015>	Study Area Name	ACE TEL OF MICHIGAN				
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet				
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet Bacecomgroup.com				
CHECK ti	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(
	Incremental Connect America Phase I reporting					
<2010>	하나 사람이 하고 있었습니다 이 아이에서 맛있다면 되었다면 뭐 하지 않는데 하다 하다 하다.	ř				
<2011>	[2] Y 2002 전 개인 [2] 전 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Î				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	_				
<2012>	2013 Frozen Support Certification	Ì				
<2013>	2014 Frozen Support Certification	i				
<2014>						
<2015>	2016 and future Frozen Support Certification					
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))					
<2016>	Certification Support Used to Build Broadband	Ī				
	Connect America Phase II Reporting (47 CFR § 54.313(e))					
<2017>						
<2018>	The four proposition of the delimination					
<2019>	Interim Progress Certification	2				
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II suppor addresses of community anchor institutions to which began provid preceding calendar year.	t shall provide the number, names, and				
		1				
<2021>	Interim Progress Community Anchor Institutions					
		l l				

Carlo Harrison	te Of Return Carrier Additional Documentation ection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819
	AND THE STATE OF T	July 2013
<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swret
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	5078966211_ext.
an Haberita		CEMENT ACCCOMMINATION COM Int to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
	CFR § 54.313(f)(2). I further certify that to	he information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addroroviding access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Usting Required Information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	17, contains the required information pursuant to § 54.313(f)(2) compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for	to sometime the reduced information bareauti to 3 and refully sometime reduces.
(3012)	Telecommunications Borrowers)	4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Co	ash Flower
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
		Name of Attached Document Listing Required Information
(2010)	If the response is no on line 2018 is unusus name and and 2	(Yes/No) ()
(2010)	If the response is no on line 3014, is your company audited?	(18/10)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows
(3021)	Management letter issued by the independent certified public accountant that	t performed the company's financial audit.
	If the response is no on line 3018, please cherk the boxes below to confirm your submission, on line 3026 pursuant to § 54.313[f)(2), contains:	
(3022)		
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	, ,,,,,,
	Borrowers.	
(3023)		
(3023)	public accountant	
(3024)	- North Carlot Carlot - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 -	H
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows 310704MX3026.pdf
		avaivanes Mrr
(3026)	Attach the worksheet listing required information	
		Name of Attached Document Usting Required Information
		maine of Accepted Coccurrent Opting Required Information

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person Identified In data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030>	coweeL@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my resp recipients; and, to the best of my knowledge, the informatio	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support In reported on this form and in any attachments is accurate.
Name of Reporting Carrier: ACE TEL OF MICHIGAN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roeslex	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext	
Study Area Code of Reporting Carrier: 310704	Filing Due Date for this form: 07/01/2014

	ilon - Agent / Carrier ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013		
<010>	Study Area Code	310704			
<015>	Study Area Name	ACE TEL OF MICHIGAN			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet			
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	CSWEEL PACECOMOTOUR. COM			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	Is authorized to submit the information reported on behalf of the reporting carrier.					
io certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize ent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI R	Recipients on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service s reporting carrier; and, to the best of my knowledge, the in	support recipients on behalf of the reporting carrier; I have provided formation reported herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

Data Col	reculor Form		July 2013
<010>	Study Area Code	310704	
<015>	Study Area Name	ACE TEL OF MICHIGAN	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	

FCC Form 481

<701> Residential Local Service Charge Effective Date 1/1/2014
<702> Single State-wide Residential Local Service Charge

<039> Contact Email Address - Email Address of person identified in data line <030> csweet*acecomgroup.com

<703>

(700) Price Offerings including Voice Rate Data

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
4I	Buckley		FR	21.15	0.0	0.0	0.0	21.15
ı	Copemish		FR	21.15	0.0	0.0	0.0	21.15
4I	Hoxeyville		FR	21.15	0.0	0.0	0.0	21.15
(I	Mesick		FR	21.15	0.0	0.0	0.0	21.15
4I	South Boardman		FR	21.15	0.0	0.0	0.0	21.15
				 				

(710) Broadband Price Offerings Data Collection Form

FCC Form 481
OM8 Control No. 3060-0986/OM8 Control No. 3060-0819
July 2013

<010>	Study Area Code	319704
<015>	Study Area Name	ACE TZL OF MICHIGAN
<020>	Program Year	2015
_<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet%acecomgroup.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
MI	Buckley	24.95	0.0	24.95	1.0	0.512	¢.0	Other, no limit on usage allowance
MI	Buckley	39.95	0.0	39.95	4.0	1.0	0.0	Other, no limit on usage allowance
MI	Buckley	59.95	0.0	59.95	10.0	1.0	0.0	Other, no limit usage allowance
MI	Buckley	34.95	0.0	34.95	6.0	1.0	0.0	Other, no limit usage allowance
MI	Copemish	24.95	0.0	24.95	1.0	0.512	c.o	Other, no limit usage allowance
MI	Copemish	39.95	0.0	39.95	4.0	1.0	0.0	Other, no limit usage allowance
MI	Copemish	59.95	0.0	59.95	10.0	1.0	c.o	Other, no livit usage allowance
MI	Copemish	34.95	0.0	34.95	6.0	1.0	0.0	Other, no limit usage allowance
HI	Hoxeyville	24.95	0.0	24.95	1.0	0.512	0.0	Other, no limit usage allowance
MI	Hoxeyville	39.95	0.0	39.95	4.0	1.0	0.0	Other, no limit usage allowance
MI	Hoxeyville	59.95	0.0	59.95	10.0	1.0	0.0	Other, no limit on usage allowance
MI	Hoxeyville	34.95	0.0	34.95	6.0	1.0	0.0	Other, no limit on usage allowance
MI	Mesick	24.95	0.0	24.95	1.0	0.512	0.0	Other, no limit on usage allowance
MI	Mesick	39.95	0.0	39.95	4.0	1.0	0.0	Other, no llimit on usage allowant
ні	Mesick	59.95	0.0	59.95	10.0	1.0	0.0	Other, no limit on usage allowance
MI	Mesick	34.95	0.0	34.95	6.0	1.0	0.0	Other, no limit on usage allownace
мі	South Boardman	24 . 95	0.0	24.95	1.0	0.512	0.0	Other, no limit on usage allownace
мі	South Boardman	39.95	0.0	39.95	4.0	1.0	0.0	Other, no limit on usage allownace
MI	South Boardman	59.95	0.0	59.95	10.0	1.0	0.0	Other, no limit on usage allownace
MI	South Boardman	34.95	0.0	34.95	6.0	1.0	0.0	Other, no limit on usage allownace

	erating Companies ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0815 July 2013
<010>	Study Area Code	3107	704	
<015>	Study Area Name	ACE	TEL OF MICHIGAN	
<020>	Program Year	2015	5	
<030>	Contact Name - Person U	JSAC should contact regarding this data Cynt	thia Sweet	
<035>	Contact Telephone Numi	ber - Number of person identified in data line <030> 5078	8966211 ext.	
<039>	Contact Email Address - I	Email Address of person identified in data line <030> csw	setSacecomgroup.com	
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc		
<811>	Holding Company	Aca Telephone Association		
<812>	Operating Company	Ace Telephone Company of Michigan, Inc.		
) F-1-1	Affiliates	SAC	Doing Business As Company or Brand Designation
	Ace Teleph			
		none Association	361346	AcenTek
		none Association	351246	AcenTek
	Ace Telepho	none Association one Company of Michigan, Inc (Old Mi	351246 ssion) 310777	AcenTek AcenTek
	Ace Telepho Ace Telepho	none Association one Company of Michigan, Inc (Old Mi one Company of Michigan, Inc (Allend	351246 ssion) 310777 ale) 310669	AcenTek AcenTek AcenTek
	Ace Telepho Ace Telepho	none Association one Company of Michigan, Inc (Old Mi	351246 ssion) 310777 ale) 310669	AcenTek AcenTek
	Ace Telepho Ace Telepho	none Association one Company of Michigan, Inc (Old Mi one Company of Michigan, Inc (Allend	351246 ssion) 310777 ale) 310669	AcenTek AcenTek AcenTek
	Ace Telepho Ace Telepho	none Association one Company of Michigan, Inc (Old Mi one Company of Michigan, Inc (Allend	351246 ssion) 310777 ale) 310669	AcenTek AcenTek AcenTek
	Ace Telepho Ace Telepho	none Association one Company of Michigan, Inc (Old Mi one Company of Michigan, Inc (Allend	351246 ssion) 310777 ale) 310669	AcenTek AcenTek AcenTek
	Ace Telepho Ace Telepho	none Association one Company of Michigan, Inc (Old Mi one Company of Michigan, Inc (Allend	351246 ssion) 310777 ale) 310669	AcenTek AcenTek AcenTek
	Ace Telepho Ace Telepho	none Association one Company of Michigan, Inc (Old Mi one Company of Michigan, Inc (Allend	351246 ssion) 310777 ale) 310669	AcenTek AcenTek AcenTek

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FCC Fo	rm 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OM8 Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013
<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of M1, Inc. (D)d Mission)
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	507B966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	caweet@acecomgroup.com
ANNUA	AL REPORTING FOR ALL CARRIERS	54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting	(check bax when complete)
12227	Outage Reporting (voice)	(complete attached worksheet)
<210>	< check box if no	
<300>	Unfulfilled Service Requests (voice) 0	
<310>	Detail on Attempts (voice)	
		(attach descriptive document)
<320>	Unfulfilled Service Requests (broadband)	
<330>	Detail on Attempts (broadband)	(attoch descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)	
<410>	Fixed 0.0	
<420>	Mobile Number of Complaints per 1,000 customers (broadb	and)
<440>	Fixed 0.0	
<450>	Mobile 0.0	de Compliance
<500>	Service Quality Standards & Consumer Protection Ru 310777MI510.pdf	les Compliance (check to Indicate certification)
<510>		(ottached descriptive document)
<600>	Functionality in Emergency Situations	(check to indicate certification)
	310777MI610.pdf	
		[attached descriptive document]
<610>		
	Company Price Offerings (voice)	(complete attached worksheet)
	Company Price Offerings (broadband)	(complete attached worksheet)
	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(complete attached worksheet) (ij yes, complete attached worksheet)
	Voice Services Rate Comparability	(check to indicate certification)
	310777MI1010.pdf	
<1010>		(attach descriptive document)
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)
<1110>		(complete attached worksheet)
	Terms and Condition for Lifeline Customers	(complete attached worksheet)
-	Price Cap Carriers, Proceed to Price Cap Additional D	ocumentation Worksheet
-2000	Including Rate-of-Return Carriers affiliated with Price	1000000
<2000> <2005>		(check to indicate certification) (complete attached worksheet)
	Rate of Return Carriers, Proceed to ROR Additional D	
<3000> <3005>		(check to indicate certification)
2002		(complete attached worksheet)

A Property of the Parket	rvice Quality Improvement Reporting llection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310777	
<015>	Study Area Name	Ace Telephone Co. of MI, I	nc. (Old Mission)
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078956211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet%scacohgroup.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	⊙
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no)	0
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of volce telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	310777MI112.	pdf
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
	Provide an explanation of network improvement targets not met		

(200) Service Outage Reporting (Voice)	4 HY - 37 S	Chart in	Mala e	13545	7 - 1 19 -	3 90 35	
Data Collection Form							

<220>

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of KI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dsweetRacecomgroup.com

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

Contract to	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	310777	
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078956211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cs*set@acecomgroup.com	
<701>	Residential Local Service Charge Effective Date		
<702>	Single State-wide Residential Local Service Charge		

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
				See a	tached worksheet			
-	-				-			
		-						
								
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.ddm

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			- See attac worksheet -					
			 	1				

ata Coll	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		310777	
<015>	Study Area Name		Ace Telephone Co. of MI. Inc.	(Old Mission)
<020>	Program Year		2015	
<030>	Contact Name - Person	USAC should contact regarding this data	Cynthia Sweet	
<035>		nber - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	csweet@acecomgroup.com	
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Old	Mission)	
<811>	Holding Company	Ace Telephone Association		
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Old	Mission)	
<813>	25-3720 - 1974 B	<a>> <a>> <a>> <a>> <a>> <a>> <a>> <a>>	<a2></a2>	(a3)
		Affiliates	SAC	Doing Business As Company or Brand Designation
			See attached work	sheet
			See attached work	sheet
			See attached work	sheet
			See attached work	sheet
			See attached work	sheet

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013	
<010: <015: <020: <030: <035: <039:	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030 Contact Email Address - Email Address of person identified in data line <030	Ace Telephone Co. of MI, Inc. (Old Mission) 2015 Cynthia Sweet 5078966211 ext. csweet@acecongroup.com	
<920	Tribal Government Engagement Obligation or company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Name of Attached Document	
demo	onfirm the status described on the attached document(s), on line 920, onstrates coordination with the Tribal government pursuant to 313(a)(9) includes:	elect es,No, NA)	
<921 <922 <923 <924 <925 <926 <927 <928 <929	community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes		